

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043403
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 30-20 Registrar's No. 257

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 036

2 0371

3

4

5

6

7

8

9 1/200

10

11

12 2-0

13 5-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH NOV 26 1963

a. COUNTY FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Washington

Length of stay in lb
2 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Gasconade

c. CITY OR TOWN Hermann
Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
228 W. 6th. St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
FRANK J. AUGUSTINE

4. DATE OF DEATH Month Day Year
Nov. 21, 1963

5. SEX Male

6. COLOR OR RACE Cau.

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10-3-1897 9. AGE (last birthday) 66
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY Gov't. Boat Yards

11. BIRTHPLACE (City and state or country) Morrison, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Joseph Augustine

13b. MOTHER'S MAIDEN NAME

Anna Birk

14. NAME OF HUSBAND OR WIFE

Chrisilda Augustine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service)

17. INFORMANT Address
E. C. Augustine--Morrison, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION

INTERVAL BETWEEN ONSET AND DEATH
INSTANT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

7 YRS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1953 to 11-21-63 and last saw him alive on 11-20-63
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George W. Workman M.D.

22b. ADDRESS

HERMANN, MO

22c. DATE SIGNED

11-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-23-1963

23c. NAME OF CEMETERY OR CREMATORY

St. George Cemetery

23d. LOCATION (City, town, or county)

Hermann,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Herman Blumer, Inc.-Hermann, Mo.

25. DATE RECD. BY LOCAL REG.

11/23/63

26. REGISTRAR'S SIGNATURE

Leah C. Hoffmann

DEC 2 1963

JAN 7 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald L. Grover

Licensed Embalmer No. 5187

P. O. Address Hermann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.